



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name G.H. METALS				Location 6020SWEET ST UTAH, NY		Date 1/28/87																	
Facility Equipment	Detex Clock No.	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other GATE TRAILER KEYS																		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.			Officer—Day Shift (Name) ofc Del Vecchio			Officer—Swing Shift (Name) ofc Kokoszki			Officer—Grave Shift (Name) CORTES, EUGENE																
			Shift Began 8 AM Ended 4 AM			Shift Began 4 AM ended 12 PM			Shift began 12 PM Ended 8 PM																
Observations or actions taken	Yes	No	Explanation			Yes	No	Explanation			Yes	No	Explanation												
Rounds or stations missed		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Unlocked vaults or safes		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Fire-smoke-or hazards		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
2. Sprinkler system defective		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
4. Rubbish accumulation		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
5. Motors running		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
6. Lights left burning		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Injury hazards		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Visitors		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Trespassing		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Violation of company rules		<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>													
Remarks																									
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																									
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No	
2. Did you suffer any illness?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No	
3. Have you reported all accidents coming to your attention?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes No		Yes No		Yes No	
Signatures		Day Shift		1.		2.		3.		Swing Shift		1.		2.		3.		Grave Shift		1.		2.		3.	
				Del Vecchio								Kokoszki								Cortes					
Signatures		2.								2.								2.							
Signatures		3.								3.								3.							

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